

## Neurology Associates of Rochester New Patient Headache Questionnaire

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

At what age did you have your first headache? \_\_\_\_\_

When did your current headaches begin? \_\_\_\_\_

When was your last headache? \_\_\_\_\_

How many total headaches do you have in a month? \_\_\_\_\_

How long do they last? \_\_\_\_\_

How many severe headaches do you have in a month? \_\_\_\_\_

How long do they last? \_\_\_\_\_

How many days a month are you headache FREE? \_\_\_\_\_

In the past 3 months how many days a month do headaches limit your ability to do usual daily activities like work, household work, school or social activities? \_\_\_\_\_

Have you been to the ED/urgent care for headache in the past 3 months? yes / no

Do you have a warning before your headache? If so, describe.

\_\_\_\_\_

When you have a headache, what medications do you take and how many doses do you take?

\_\_\_\_\_

\_\_\_\_\_

Do you take any of the following every day or week? If so, how many do you take?

Excedrin / Excedrin Migraine \_\_\_\_\_ pills a day / \_\_\_\_\_ pills a week

Ibuprofen / Advil / Motrin \_\_\_\_\_ pills a day / \_\_\_\_\_ pills a week

Acetaminophen / Tylenol \_\_\_\_\_ pills a day / \_\_\_\_\_ pills a week

Naproxen / Aleve / Anaprox \_\_\_\_\_ pills a day / \_\_\_\_\_ pills a week

Aspirin / BC Powder / \_\_\_\_\_ pills a day / \_\_\_\_\_ pills a week

Where does it hurt (circle all that apply): front      back      right side      left side      neck

How would you describe the pain of your most severe headaches? (circle all that apply)

Throbbing      Aching      Stabbing      Pressure-like      Dull      Sharp  
Vise-like Pulsating      Electric – like      Shock-like      Heaviness

On a scale of 1-10 how would you rate your most severe headaches (circle one):

minimal	mild	uncomfortable	moderate	distracting	distressing	intense	debilitating	severe	immobilizing
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

Are your headaches brought on by:

- Periods/hormonal changes
- Exercise
- Too much sleep / too little sleep (circle one)
- Smoke
- Alcohol
- Stress
- Odors
- Noise
- Bright lights / glare
- Hunger
- Certain foods

Which of the following symptoms do you have with your headaches?

- Neck pain
- Light sensitivity
- Vomiting
- Noise sensitivity
- Confusion
- Nasal congestion
- Numbness, if so where? \_\_\_\_\_
- Difficulty speaking
- Worsening of pain with movement
- Nausea
- Dizziness
- Weakness
- Tearing
- Blurred vision or other visual symptoms (please describe): \_\_\_\_\_
- Trouble thinking
- Other: \_\_\_\_\_

**Have you tried any of the following treatments for migraine?:**

<input type="radio"/> Biofeedback	<input type="radio"/> Acupuncture	<input type="radio"/> Magnesium,	<input type="radio"/> Frankincense
<input type="radio"/> Chiropractic	<input type="radio"/> Physical Therapy	<input type="radio"/> MigreLief,	<input type="radio"/> Meditation
<input type="radio"/> Feverfew, B2	<input type="radio"/> Chiropractic	<input type="radio"/> Co-Q 10	<input type="radio"/> Daith piercing

**Have you been prescribed any of the following medications in the past?**

Preventative treatment Medications:	Abortive treatment Medications:
<input type="radio"/> amitryptiline/Elavil	<input type="radio"/> sumatriptan / Imitrex
<input type="radio"/> nortripytline/Pamelor	<input type="radio"/> zolmitriptan / Zomig
<input type="radio"/> depakote/valproate	<input type="radio"/> rizatriptan / Maxalt
<input type="radio"/> tegretol / carbamazepine	<input type="radio"/> frovatriptan / Frova
<input type="radio"/> topamax / topiramate	<input type="radio"/> eletriptan / Relpax
<input type="radio"/> lamotrigine / lamictal	<input type="radio"/> naratriptan / Amerge
<input type="radio"/> keppra / levetiracetam	<input type="radio"/> Ubrelvy / ubrogepan
<input type="radio"/> propranolol / indural	<input type="radio"/> Nurtec / rimegepant
<input type="radio"/> metoprolol	<input type="radio"/> diclofenac / Cambia
<input type="radio"/> verapamil / Calan/	<input type="radio"/> DHE / migrant
<input type="radio"/> gabapentin / Neurontin	<input type="radio"/> Esgic
<input type="radio"/> duloxetine / Cymbalta	<input type="radio"/> Fioricet / Butalbital / Fiorinal
<input type="radio"/> Trokendi	<input type="radio"/> Codeine
<input type="radio"/> pregabalin / Lyrica	<input type="radio"/> Darvon / Darvocet / Demerol
<input type="radio"/> Botox	<input type="radio"/> Percocet / Oxycodone / Percodan
<input type="radio"/> Aimovig / Erenumab	<input type="radio"/> Ultram
<input type="radio"/> Ajovy /Fremanezumb	<input type="radio"/> Toradol / ketorolac
<input type="radio"/> Emgality / Galcanezumab	